

tion of incipient blood poisoning, with the pulse at 140, and with evidence of mischief already developed in the lungs, yet I should feel that in doing so I was substituting a chance of life for a certainty of death, and without hesitation I would give the patient that chance.

"I need hardly say that the operation must not be too long postponed, or it will be too late to save the patient from the effects of blood contamination.

"The proper time for amputation in cases of diffused osteo-mylitis is not difficult to determine. It should be as soon as possible after you have ascertained that the bone is affected; and the mode of arriving at this knowledge is simply the passage of a long probe down the medulla.

"Should it impinge on healthy and bleeding medulla near the surface, you may, if the constitutional symptoms permit, wait and see if nature is about to limit the suppuration and throw off the diseased bone. Such expectations are, in my experience, rarely realized, and the doubt is generally resolved, not in favour of the bone.

"However, this is one of the nice points of discrimination in the treatment, and for which no absolute rules can be laid down. The constitutional signs, the state of the pulse, respiration and temperature, would be important indications of the state of the disease: and they cannot be too carefully studied; a pulse over 120, persistent temperature above 104; bronchial râles, hurried breathing, tenderness over the hypochondria, are symptoms that give rise to serious anxiety on their first appearance, and very speedily decide the fate, if not of the patient, of his limb."

25. *Treatment of Hereditary Syphilis without Mercury.*—In a paper by Mr. R. W. DUNN read before the Royal Medical and Chirurgical Society (Nov. 14, 1865) the author first narrated the particulars of some cases of hereditary syphilis which had come under his observation at the Farringdon Dispensary, and which he had successfully treated with chlorate of potash, without using mercury in any form whatever. Out of fifty cases which he had thus treated, he had met with only one case of relapse, which readily yielded to a repetition of the same treatment; and three deaths, one child dying of convulsions, and the other two being in a dying state when first seen by him. The author then entered upon the general treatment of syphilis, briefly alluding to, and giving the names of, those who have advocated the non-mercurial treatment. On the authority of the *British and Foreign Medico-Chirurgical Review*, he stated that from 1800 to 1835 about 80,000 cases of syphilis had been treated without mercury. He rejoiced in the belief that non-mercurial treatment was gaining ground amongst the profession; and owing to having been so often disappointed himself in the results of specific treatment, he had now abandoned completely the use of mercury in any form in the general treatment of syphilis. In the treatment of hereditary syphilis, he considered that we must be guided by the same general rules which we observe in treating other diseases. All remedies of a depressing or lowering character ought to be avoided; and, on the other hand, tonics, cod-liver oil, strict diet, and extreme cleanliness, were essential to successful treatment. He bore evidence to the marvellous effects upon children of chlorate of potash in combination with hydrochloric acid in this disease. Where the skin was very irritable, he recommended a bran bath, the bowels to be carefully regulated, and the child to be out in the pure air as much as possible. Sixty-three days was the longest period any child had been under his treatment, and eighteen days the shortest, the average time being about thirty days.

Mr. HENRY LEE said that if the experience of other practitioners confirmed the results mentioned by Mr. Dunn, it would leave nothing to be desired with regard to the treatment of syphilis. Unfortunately, however, such was not the case. Out of the number of instances that Mr. Dunn had referred to, a relapse was recorded in one case only; and the death-rate of infantile syphilis was as low as 6 per cent. These results proved too much. They were altogether at variance with the experience of those who treated this disease either with or without mercury. Thus, for instance, we are informed in Professor Boeck's published work that out of forty-two children treated by him without mercury, twenty-two died; and these cases were independent of those who died without

undergoing the process of treatment recommended by Dr. Boeck. Some rational explanation must, therefore, be sought for the great difference observed in Mr. Dunn's cases, and where the history of the patients could be traced for a longer period; and this he (Mr. Lee) believed would be found in the fact that in dispensary practice, when mothers found their children not progressing satisfactorily, they took them elsewhere, and in cases of relapse after treatment they would naturally feel inclined to try some other remedy. If the cases thus abstracted from observation were recorded as cures, it would be the means of affording very favourable statistical returns under any mode of treatment. With regard to the treatment of syphilis generally, it constantly happened to him (Mr. Lee) to have patients who presented themselves after four or five years of non-mercurial treatment still uncured, and regretting that they had lost so much time in fruitless attempts to obtain relief; and he also not unfrequently saw some very severe secondary symptoms after the non-mercurial plan of treatment. Indeed, some of the worst cases of secondary sloughing of the throat and of disease of the bones which he had seen occurred amongst those in which no mercury had been used. He therefore thought that, although mercury might be injudiciously given and might then produce injurious effects, the ill-consequences attributed to it in reality very often indeed depended upon other causes. We had now the means of administering this remedy without making any serious demand upon the constitutional powers; and when thus administered, with proper care, it was a most valuable remedy, and certainly not followed by the symptoms which had been attributed to it. The author of the paper had alluded to the effect of the mother's milk upon a child. Now he (Mr. Lee) did not believe that any poisonous influence could be conveyed in this way. The health of the mother might be impaired by syphilis, and the milk would become poor in consequence; and the child might be ill-nourished; but this was quite a different thing from the transmission of the syphilitic poison by the milk. It was a law with regard to syphilis, that a person having that disease could with great difficulty, under any circumstances, be again infected. The child of a syphilitic mother would in all probability be itself syphilitic, and it would then be very difficult to conceive that any fresh poison could be conveyed to it. But we had proof that even a healthy child would not be affected in this way. The following case had come under his (Mr. Lee's) observation in St. George's Hospital. The patient was admitted during the summer of last year. She had had two healthy children, the youngest eight months old. She and her husband had been healthy. After her last confinement she took another child to nurse. This child proved to be syphilitic, and died three weeks before the patient's admission into the hospital. Shortly after taking this child to nurse she noticed a sore on the right nipple, which became very hard all round. Six weeks before her admission, this patient had an eruption, presenting all the characters of syphilis, over the body, and her throat became ulcerated. During these six weeks she continued to suckle her own child as she had previously done. She, however, always kept her own child to the left breast, and the other child to the right one. Her child remained perfectly well during the time she continued in the hospital, and was known to have been so in the November following. This patient had recently been confined again, and was attended from St. George's Hospital; and he (Mr. Lee) had reason to believe that the child which she suckled in the summer of 1864 remained healthy at the present time.

Dr. DRYSDALE said he was sorry that the respected Professor Boeck was absent, for he would doubtless have been able to have answered Mr. Lee's question. In his absence, he (Dr. Drysdale) would endeavour to give an answer. It must be remembered that the cases mentioned by the professor in his work included many infants of but a day or two old. Now, in his own experience, such cases were almost uniformly fatal; children who were much affected by this complaint at birth were often too feeble to breathe. The cases brought forward by Mr. Dunn were not in this category. Infants were not brought to the hospital by their mothers until they were three or four weeks old, and all of the cases cited by Mr. Dunn were of that age. It was a great, and he thought, a rather prevalent error to imagine that all syphilitic children were emaciated and cachectic; many of them were plump and well nourished, and the "old man" look was

rather the exception than the rule. There was, then, nothing surprising in Mr. Dunn's success, with the care he had taken with the cases, many of which he (Dr. Drysdale) had seen. The wonder was that these cases should so long have been considered to require a dangerous drug like mercury. He himself, he believed, had been the first to publish a case of infantile syphilis treated without mercury. These facts completed the chain of evidence against mercury in syphilis, since it had been shown by experience of the most extensive kind that the disease in adults was always injured by the drug, instead of being alleviated. Bone disease, if it occurred without mercury, was very rare, since Syme, Weedon Cooke, and Spencer Wells had not seen cases. In fact, the empirical school of treatment of disease was losing its hold on many of the profession, and a six months' course of mercury to cure disease depending on a blood poison would soon be considered an absurdity. Parents much mercurialized were liable to have syphilitic children far more than others.—*Med. Times and Gaz.*, Dec. 2, 1865.

26. *Traumatic Tetanus successfully treated by Opium Smoking and Internal Administration of Chloroform and Hemp.*—Dr. J. FAYRER, Prof. Surg. Med. Coll. Calcutta, relates (*Edinburgh Medical Journal*, Feb. 1865) the following interesting case of this:—

"Lukham Dass, a Hindoo labourer, aged 24 years, of small but muscular frame, received an incised wound from the sharp edge of a split bamboo, on the outer aspect of the end of the right forefinger. The wound being slight, and the hemorrhage trivial, he took no notice of it. Twelve days after the infliction of the wound, tetanic symptoms made their appearance, a feeling of constriction in the throat, rigidity of the jaws and muscles of the neck. The wound was dressed by a native, with some irritating application, which added to the mischief. Six days after the first appearance of trismus, he was admitted into Dr. Fayrer's ward on the 29th of August, at 7 A.M. Tetanic spasms and the risus sardonius were then well marked. The mouth could with difficulty be slightly opened, and he was unable to protrude his tongue. The muscles of the extremities were in a state of permanent spasmodic contraction, as were those of the abdomen and back, the trunk being in a state of opisthotonos. The skin was of the natural temperature, and covered with sweat. The pulse quick and compressible. The spasms increased with great violence, lasting for a few seconds, and returning at intervals of five or six minutes. The fits were more violent when the wound on the finger was touched, but a touch anywhere, a breath of air, or the fanning of the punkah, brought on violent spasms. The bowels had not been moved for four days. Urine voided freely.

"Aug. 29, 8½ A.M. The two distal phalanges of the right forefinger were amputated. The wound had extended, exposed, and caused necrosis of the bones. The nerve trunks of the part removed were examined under the microscope and found healthy in appearance. After the amputation, which was done under chloroform, the patient became restless, and the spasms recurred with greater violence and frequency than before. Notwithstanding all this, he took, or attempted to take, some sago and milk. An enema of castor oil, turpentine, and assafoetida was administered, and ordered to be repeated every sixth hour. The enema not acting satisfactorily, two drops of croton oil were given; after this the bowels were freely relieved before the evening. He had also been brought under the influence of opium smoke; four grains of that drug having been smoked in a chillum (pipe) every third or fourth hour. With the opium he had been ordered chloroform  $\mathfrak{m}\text{x}$ , tinct. cannabis indicæ  $\mathfrak{m}\text{xx}$ , every second hour, with continual applications of ice in the intestine of an animal, to the entire length of the spine.

"30th, 8 A.M. He slept at intervals during the night; pulse quick and compressible; pupils not contracted; he seems quieted, but not narcotized by the opium and hemp; bowels have been moved again. The state of the mouth, neck, and rest of the body much as yesterday; spasmodic fits recur every five or six minutes; body bathed in sweat. The treatment to be continued as yesterday, but opium to be smoked every second hour so as to bring him fully under its influence.

"31st. The patient feels easier this morning; abdomen comparatively soft;